



**MEDICAL UNIVERSITY
OF BIALYSTOK**



Department of Psychology and Philosophy

Faculty of Health Sciences

ul. Szpitalna 37, 15-295 Białystok

E-mail: zpf@umb.edu.pl

Head of Dept.: Dr hab. Barbara Polityńska-Lewko

E-mail: barbara.politynska-lewko@umb.edu.pl

Department members:

- ❖ 4 psychologists;
- ❖ 1 pedagogue;
- ❖ 1 philosopher
- Teaching duties stretch across all faculties and in all subject areas (total of 19 subjects incl. English Division and Doctoral School)
- Heavily involved in the University's programme for introducing innovative methods of teaching
- Actively involved in research



Grants with funding from the European Union

European Commission Programme Grant

Grant no: BMH4950323

Project title: Supporting Clinical Outcomes in Primary Care for the Elderly (SCOPE)

Coordination: University of Sheffield, UK.

European Commission Programme Grant

Grant no: Concerted Action Contract No. BMH498 3374/IC20-CT-0213

Project title: Carers of Older People in Europe (COPE)

Coordination: University of Sheffield, UK.

European Commission Grant, Leonardo da Vinci Programme

Grant no: UK/98/2/5792/PI/II.1.1.a/FPC

Project title: Geriatric Assessment Technology Training Project – GATT.

Coordination: University of Sheffield, UK.

European Commission Programme Grant

Grant no: QLRT-1999-02070

Project title: A European project to devise a hospital admission casemix system for elderly patients, plus a standardised method of recording hospital outcome – ACMEPLUS.

Coordination: University of Aberdeen, UK.



Research Collaboration



1. Healthcare needs of an ageing population
2. Ways in which psychology can inform the care process

Research in collaboration with:

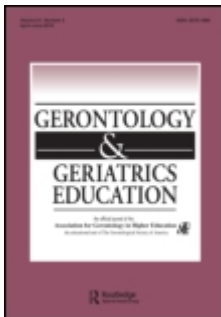
University of Cambridge, U.K.	University of Linköping, Sweden
University of Aberdeen, U.K.	University of Aveiro, Portugal
University of Sheffield, U.K.	Catalan Agency for Health Technology Assessment and Research, Spain
University of Birmingham, U.K.	Istituto Nazionale di Riposo e Cura Anziani (INCRA), Ancona, Italy
University of Warwick, U.K.	The Health Office, Turku, Finland
Dept. of Neurosurgery, MUB	Dept. of Geriatrics, MUB
Dept. of Pharmaceutical and Biopharmaceutical Analysis, MUB	Dept. of Oncology MUB

Determining the healthcare needs of an ageing population

- Ageing populations have complex needs including physical, psychiatric, cognitive and social areas of functioning and thus require comprehensive assessment (EASYcare project).
- Training of healthcare staff in the use of comprehensive assessment methods (GATT project)



Graphics: Future Learn

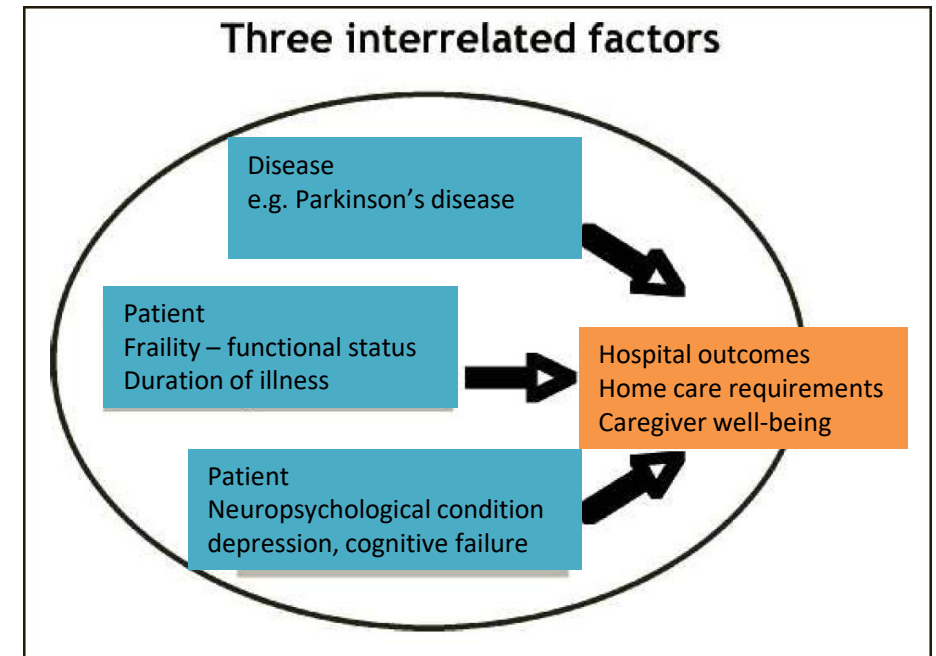


Quality Assurance in Gerontological and Geriatric Training Programs: The European Case

Barbara Politynska ✉, René J. T. van Rijsselt, Jolanta Lewko, Ian Philp, Daniella Figueiredo & Lilliana De Sousa

Determining the healthcare needs of an ageing population

- Which aspects of the patient's condition:
 - predict hospital outcomes for older people?
 - make the greatest demands on the delivery of care? (ACMEplus project)
 - Lead to adverse effects for family carers?





Publications



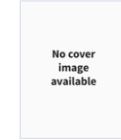
Volume 33, Issue 2
March 2004

JOURNAL ARTICLE

A systematic literature review of factors affecting outcome in older medical patients admitted to hospital

Susan E. Campbell, D. Gwyn Seymour, Willie R. Primrose for the ACMEplus project

Age and Ageing, Volume 33, Issue 2, March 2004, Pages 110–115,
<https://doi.org/10.1093/ageing/afh036>



Volume 34, Issue 5
September 2005

JOURNAL ARTICLE

A multi-centre European study of factors affecting the discharge destination of older people admitted to hospital: analysis of in-hospital data from the ACMEplus project

Susan E. Campbell, D. Gwyn Seymour, William R. Primrose, Joanna E. Lynch, Edmund Dunstan, Mireia Espallargues, Giovanni Lamura, Peter Lawson, Ian Philp, Elizabeth Mestheneos, Barbara Politynska, Ismo Raiha The Acmeplus Project Team

Age and Ageing, Volume 34, Issue 5, September 2005, Pages 467–475,
<https://doi.org/10.1093/ageing/afh036>



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Volume 101, Issue 2
February 2008

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JOURNAL ARTICLE

Measuring case-mix and outcome for older people in acute hospital care across Europe: the development and potential of the ACMEplus instrument

M. Espallargues, I. Philp, D.G. Seymour, S.E. Campbell, W. Primrose, S. Arino, E. Dunstan, G. Lamura, P. Lawson, E. Mestheneos, B. Politynska, I. Raiha, the ACMEplus PROJECT TEAM

QJM: An International Journal of Medicine, Volume 101, Issue 2, February 2008, Pages 99–109, <https://doi.org/10.1093/qjmed/hcm136>



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European Journal of Ageing (2021) 18:345–355
<https://doi.org/10.1007/s10433-020-00583-6>

ORIGINAL INVESTIGATION

The structure and functional correlates of social support networks of people in advanced old age living in chosen urban and rural areas in Poland: a cross-sectional study

Z. B. Wojszel^{1,2} · B. Politynska³

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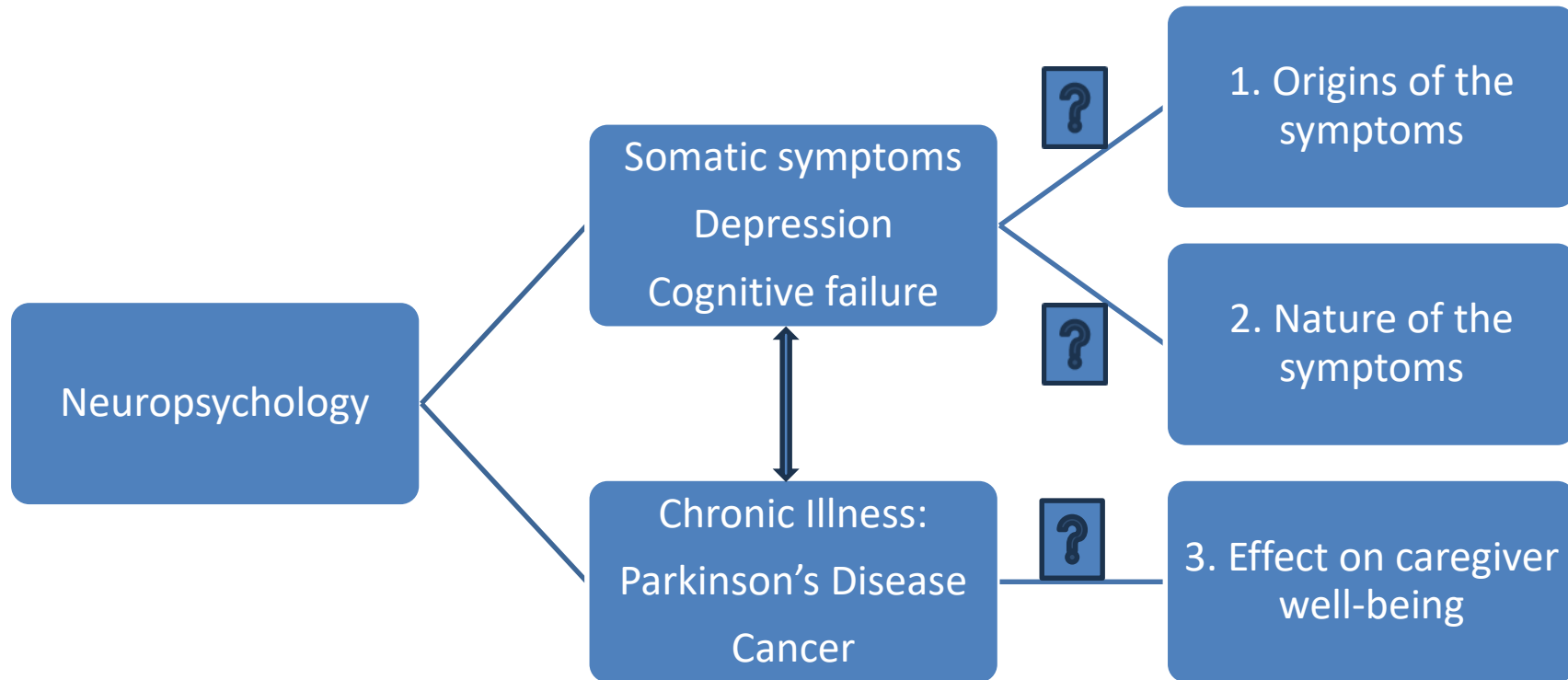
Parkinson's Disease – a quintessential model of a neuropsychiatric disorder

Symptom complex consists of:

- The four cardinal motor symptoms of Parkinson's disease:
 - bradykinesia (slowness of movement)
 - muscular rigidity
 - resting tremor
 - postural instability
- Non-motor symptoms:
 - Psychiatric (apathy, depression, anxiety, psychotic symptoms)
 - Cognitive disabilities
- A chronic, progressive and debilitating illness which affects both patient and caregiver – requires an integrated approach to care
- Second most common neurodegenerative disease after Alzheimer's disease



Research Focus





1. What are the origins of depression in Parkinson's disease?

Evidence against the „reactive” hypothesis of depression:

- Depression often *precedes* the onset of motor symptoms in PD i.e. it appears to be *prodromal*, so cannot be a reaction to the disorder
- What is the relationship between the main symptom domains (motor, cognitive and mood disturbances) in PD?
 - If the mental symptoms were *reactive* to the motor impairments, we would expect them to be related i.e. the more severe the motor difficulties the greater the depression – our research has shown that this is not the case.

Factor analysis: varimax rotation accounting for 57% of variance

	Variable	Component factor loadings		
		"somatic"	"cognitive"	"depression"
	Patient age at examination	.233	-.032	-.019
Medication for PD	Current daily L-dopa dose	.293	-.591	.184
	Current daily benzhexol dose	.112	-.631	-.080
	Other medication for PD	.362	-.108	-.400
	Antidepressive medication	.042	-.041	.268
Somatic symptoms	Duration of illness	.680	-.014	-.242
	Hoehn &Yahr (motor) score	.871	.071	.129
	WHO scale	.868	.177	.227
	Karnofsky scale	-.860	-.188	-.207
	Webster scale	.798	.104	.179
	NUDS (functional) score	-.860	-.060	-.216
Depressive symptoms	HAM-Depression score	.269	.098	.824
	GDS score	.201	.134	.857
Cognitive symptoms	Free Recall memory score	-.246	-.732	-.098
	Schonell reading test (IQ) score	.094	.679	.295
	Benton score: visuo-spatial abilities	.190	.669	.004

Results:

- Three factors obtained – orthogonal to each other.

Conclusions:

- Somatic, cognitive and affective aspects of PD are independent of each other
- Cognitive dysfunction may be partly iatrogenic – linked to pharmacological treatment
- Independence among symptom domains has practical and theoretical implications:
 - Need to treat PD in a more complex way (not just motor symptoms) by addressing both depression and cognitive decline
 - Depression in PD is NOT simply a reaction to the debilitating effects of PD

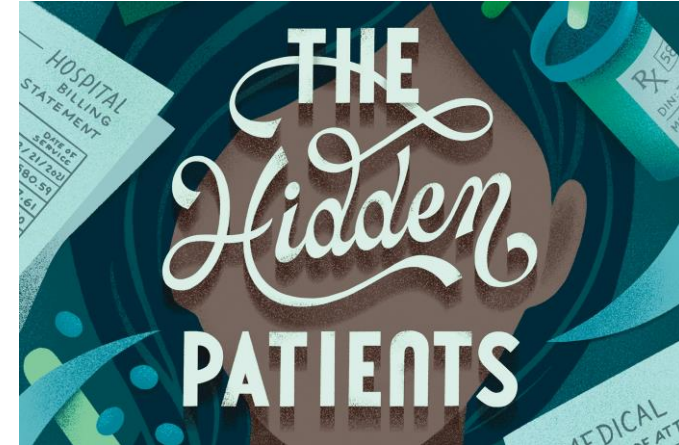


2. Nature of depression in Parkinson's disease

- Some suggestion in the literature that the nature (quality) of the depressive symptoms in PD varies from that of major depressive disorders.
- These studies did not control for **severity** of depressive symptoms.
- When the appropriate control for symptom severity is made – our studies show that there are no differences in the depression of PD and Major Depressive Disorder.

3. Which aspects of caregiving are the most difficult for carers?

- Patients with PD need home care – mostly delivered by family caregivers
- Life expectancy after diagnosis in PD is > 14.5 years
- Caregivers have been described as “The Hidden Patients”
 - 40%-80% of caregivers experience significant levels of burden and of these 50% meet the criteria for a diagnosis of clinical depression



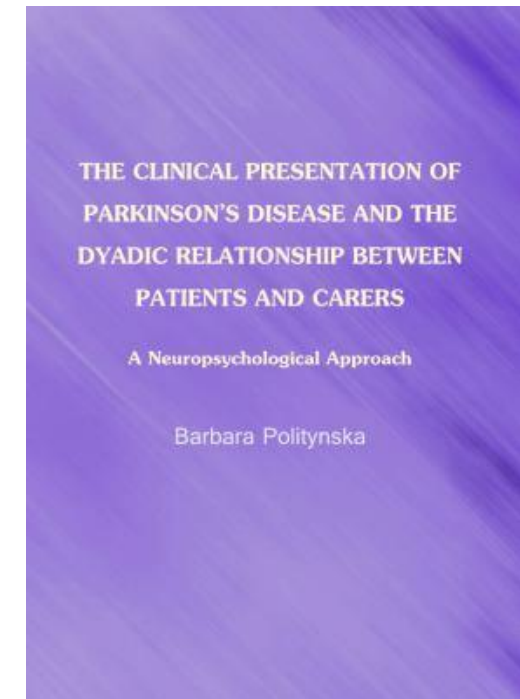
Graphics: The University of Utah Magazine <https://magazine.utah.edu/issues/fall-2021/the-hidden-patients/>

Home Care Advocacy Network <https://hcanthrive.com/tag/family-caregiver/>

Aspects of the caregiving situation causing most difficulty for caregivers

Factors contributing to depression in caregivers:

- Neuropsychological symptoms (*depression* and cognitive failure), but *not* motor symptoms
- The quality of the relationship between patient and caregiver
- The caregiver's *perception* of symptoms in the patient, *not* clinician rated measures





Latest Research Focus:

(1) Continuation of research into the well-being of caregivers:

- Olga Pokorska - Ph.D. research:
 - „The influence of social support on the psychological functioning of the caregivers of patients with Parkinson’s disease.”
 - Working on preparing a series of workshops for caregivers to help them with different aspects of the caregiving role – focus on psychological aspects of care.

Latest research focus:

(2) The significance of depression in cancer

The nature of depressive symptoms in cancer.

Goals - to determine whether:

- (i) the type of cancer (cancer site) is differentially associated with the prevalence of depression and anxiety;
- (ii) the trajectory of psychological disorders changes over the course of the illness;
- (iii) specific types of treatment are associated with depression and anxiety (iatrogenic causes);
- (iv) the profile of symptoms for depression in cancer varies in any systematic way from the diagnostic criteria for major depressive disorders;
- (v) the co-dependencies between depression and cancer which have been established mainly in high income countries are also extant in a country of economic transformation, such as Poland.
- (vi) depression is an inflammatory disorder





Pharmacology & Therapeutics

Volume 240, December 2022, 108293



Is depression the missing link between inflammatory mediators and cancer?

Barbara Polityńska ^a, Olga Pokorska ^a, Anna M. Wojtukiewicz ^a, Magdalena Sawicka ^b,
Marta Myśliwiec ^c, Kenneth V. Honn ^{d e f g}, Stephanie C. Tucker ^{f g}, Marek Z. Wojtukiewicz ^{c h}  

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<https://doi.org/10.1016/j.pharmthera.2022.108293> 

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Awarded the Rector's prize (first degree) for research .